2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P98000063663

Entity Name: THE ORCHID INSURANCE AGENCY, INC.

Current Principal Place of Business:

2801 OCEAN DR
STE 202 B
VERO BEACH, FL 32963 US

New Principal Place of Business:

2801 OCEAN DRIVE
SUITE 202
VERO BEACH, FL 32963 US

Current Mailing Address:

2801 OCEAN DR
STE 202 B
VERO BEACH, FL 32963 US

New Mailing Address:

2801 OCEAN DRIVE
SUITE 202
VERO BEACH, FL 32963 US

FEI Number: 65-0818753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRIX, KENNON
2801 OCEAN DRIVE
SUITE 203
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

HENDRIX, KENNON
2801 OCEAN DRIVE
SUITE 202
VERO BEACH, FL 32963 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/27/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VS ( ) Delete
Name: HENDRIX, C. KENNON
Address: 2801 OCEAN DR., SUITE 203
City-St-Zip: VERO BEACH, FL 32963

Title: PT ( ) Delete
Name: STRUVE, JOHN M
Address: 2801 OCEAN DR. STE 202B
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change ( ) Addition
Name: HENDRIX, C. KENNON
Address: 2801 OCEAN DRIVE, SUITE 202
City-St-Zip: VERO BEACH, FL 32963

Title: PT (X) Change ( ) Addition
Name: STRUVE, JOHN M
Address: 2801 OCEAN DRIVE, SUITE 202
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. STRUVE P 04/27/2005
Electronic Signature of Signing Officer or Director — Date